

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

## CLAIMS

	AD FILED		APPLICANT		APPLICANT	
	CID	DEP	CID	DEP	CID	DEP
1						
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50						
TOTAL IND.	3					
TOTAL DEP.	15					
TOTAL CLAIMS	18					

	AD FILED		APPLICANT		APPLICANT	
	CID	DEP	CID	DEP	CID	DEP
51						
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TOTAL DEP.						
TOTAL CLAIMS						